MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6778 63-048247 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED DEC 27 1963

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 50 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST MEMORIAL HOSPITAL — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
d. STREET ADDRESS 9138 LOCUST STREET (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First LOU Middle H Last SIMCOX

4. DATE OF DEATH Month DECEMBER Day 11 Year 1963

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☐ Widowed X Divorced ☐

8. DATE OF BIRTH 5-22-1891

9. AGE (last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER

10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC

11. BIRTHPLACE (City and state or country) KEYTESVILLE, MISSOURI

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME ROBERT P. HUBBARD

13b. MOTHER'S MAIDEN NAME SARAH E. FORD

14. NAME OF HUSBAND ~~OR WIFE~~ JAMES M SIMCOX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT Address MRS. H. CLAY SHIVE - 7121 PARK ROAD.

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Respiratory Paralysis -	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Mid Brain Hemorrhage	3 days
DUE TO (c)	Hypertension	3 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Obesity -

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-9-1963 to 12-11-1963 and last saw her alive on 12-11-1963
Death occurred at 10:55 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Graham Asher M.D.

22b. ADDRESS 1220 Professional Bldg Kansas City 6 - Mo -

22c. DATE SIGNED 12-12-1963

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE DEC. 13. 1963

23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY

23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR ADDRESS 1331 Brown Cracker Blvd. D.W. McCOMBS SONS - KANSAS CITY, MISSOURI

25. DATE RECD. BY LOCAL REG. 12-13-63

26. REGISTRAR'S SIGNATURE Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	36 58		
4	1		
5	2		
7	0		
8	1		
9	331 X		
12	50-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

Graham Asher

Rev. Graham Cecil
Rep. Bldg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert A. Boyer

Licensed Embalmer No. 4892

P. O. Address Overland Park, Kan.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.